

AUG-04-05

13:19

FROM: SAWYER LAW GROUP LLP

850-493-4549

T-221 P.002 F-483

JANUARY 2005 REV.

JP20000465US1/3587P

In re the application of: Shigefumi ODAOHARA

Confirmation No: 5140

Serial No: 10/083,186

Group Art Unit 2116

Filed: February 28, 2002

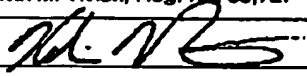
Examiner: Matthew A. Henry


For: Power Supply System, Computer Apparatus and Maximum Power Control Method

ENCLOSURES (check all that apply)					
<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Notice of Appeal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Brief
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition	<input type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer		
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appin	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxxx month(s), from to .			
<input type="checkbox"/>	Executed Declaration by Inventor(s)				

CLAIMS					
FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	17	20	0	\$ 50.00	\$ 0.00
Independent Claims	6	5	1	\$200.00	\$ 200.00
				Total Fees	\$ 0.00

METHOD OF PAYMENT	
<input checked="" type="checkbox"/>	Charge \$ 200.00 to Deposit Account No. 50-3633 (Lenovo) for payment of excess claims fees.
<input type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. 50-3633 (Lenovo)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Attorney Name	Kelvin M. Vivian, Reg. No. 53,727
Signature	
Date	August 4, 2005

CERTIFICATE OF FACSIMILE	
I hereby certify that this correspondence is being faxed to Examiner Matthew A. Henry (571-273-8300) at the USPTO on August 4, 2005.	
Type or printed name	Irena Nikolova
Signature	

PAGE 2/16 * RCVD AT 8/4/2005 5:59:39 PM (Eastern Daylight Time) * SVR:USPTO-EFYRF-677 * DWS:2738300 * CSID:650 493 4549 * DURATION (mm:ss):03:28

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